

**Department of Commerce, Community, and Economic Development  
Division of Community and Regional Affairs ~ Grants Section  
550 W. 7<sup>th</sup> Ave., Suite 1640, Anchorage, AK 99501-3569**

## NUTRITIONAL ALASKAN FOODS FOR SCHOOLS

## SIGNATORY AUTHORITY FORM

Please clearly print, submit ORIGINAL form, and submit an updated form whenever changes are made to the information below

<b>School District Name:</b>	<b>Date:</b>
<b>Grantee Contact Person:</b>	<b>Telephone Number:</b>
<b>Mailing Address:</b>	<b>Fax Number:</b>
<b>City, State, Zip Code:</b>	<b>E-mail Address:</b>

**The following Grantee Employees/Officers are authorized to sign the Grant Agreement and any Amendments:**

<b>Printed Name:</b>	<b>Printed Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Signature:</b>

**The following Grantee Employees/Officers are authorized to sign reimbursement request forms:**

<b>Printed Name:</b>	<b>Printed Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Signature:</b>

This signatory authority is conveyed by \_\_\_\_\_, the Chief  
(Name)

Administrator of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(School District)

**Signature**

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**Printed Name/Title**